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Bib Data Sheet

CONFIRMATION NO. 4567

SERIAL NUMBER 09/375,081	FILING DATE 08/16/1999 RULE	CLASS 257	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. MIO-007-NA
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APPLICANTS

FERNANDO GONZALEZ, BOISE, ID;

DAVID KAO, MERIDIAN, ID;

** CONTINUING DATA *****

AKM

THIS APPLICATION IS A DIV OF 08/987,819 12/10/1997 PAT 6,005,273
WHICH IS A CIP OF 08/741,828 10/31/1996 PAT 5,714,786

** FOREIGN APPLICATIONS *****

AKM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/31/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AKM</i>	Initials		

ADDRESS

KILLWORTH GOTTMAN HAGAN & SCHAEFF LLP
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TITLE

TRANSISTORS HAVING CONTROLLED CONDUCTIVE SPACERS, USES OF SUCH TRANSISTORS AND
METHODS OF MAKING SUCH TRANSISTORS

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/375,081	08/16/99	257	2811	MIO-007-NA

APPLICANT

FERNANDO GONZALEZ, BOISE, ID; DAVID KAO, MERIDIAN, ID.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 08/987,819 12/10/97 PAT 6,005,273
 WHICH IS A CIP OF 08/741,828 10/31/96 PAT 5,714,786

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/31/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	ID	5	6	5

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TITLE

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FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$916		